



City of Seattle
Department of Planning and Development

Mailing Address: 700 5th Ave, Suite 2000, PO Box 34019, Seattle, WA 98124-4019

Phone: (206) 684-8464 Fax: (206) 684-8113

Website: www.seattle.gov/dpd Hours: M, W, F: 7:30-5:30 T, Th: 10:30-5:30

PERMIT APPLICATION

Conveyance

Work Site Address: _____ Zip: _____

Building Name: _____ Machine Room Location: _____

Description of Work: _____

WORK SITE OWNER/TENANT INFORMATION	CONTRACTOR INFORMATION
<input type="checkbox"/> Owner <input type="checkbox"/> Tenant Name: _____ Phone: (____) _____ Fax: (____) _____ Address: _____ Apt/Ste: _____ City/State: _____ Zip: _____	State Elevator License #: _____ Name: _____ Phone: (____) _____ Fax: (____) _____ Address: _____ Apt/Ste: _____ City/State: _____ Zip: _____

ACTION TYPE:

- ☐ Alterations or Repairs (Declared Value): \$ _____
☐ Cosmetic < 5% Weight Differential
☐ Extension of Temporary Operating Permit ~ Corresponding Permit # _____
☐ Alter/Replace Door Device (Quantity): _____
- ☐ New Installation or Relocation
☐ Temporary Operating Permit
☐ Cosmetic > 5% Weight Differential
☐ Re-inspection ~ Corresponding Permit # _____

Conveyance #: _____ Owner's Conveyance ID: _____ Manufacturer: _____

CONVEYANCE TYPE ~ INFORMATION

- ☐ Hydraulic Elevator ☐ Dumbwaiter (Manual Doors) ☐ Accessibility Lift (Vert/Inclined) ☐ Residential
☐ Roped Hydraulic ☐ Dumbwaiter (Power Doors) ☐ Other Conveyance Type ☐ Code Alternate
☐ Cable Geared/Gearless ☐ Material Lift

ELEVATOR USE: ☐ Freight Elevator ☐ Passenger Elevator Rise in feet: _____ # of Stories: _____

NUMBER OF OPENINGS: Front: _____ Rear: _____ Total: _____

CAR SIZE: Width in feet: _____ Length in feet: _____ Height in feet: _____

CONTRACT CAPACITY: _____ pounds SPEED: _____ FPM

ESCALATOR OR MOVING WALK

Rise in feet: _____ Run in feet: _____ Width in inches: _____ Speed _____ FPM

Warning!

The revised Code of Washington (R.C.W. 70.87) requires that all conveyance installations, relocations, or alterations be performed by a licensed elevator contractor employing a licensed elevator mechanic.

I certify that the work to be performed under this application will be done in conformance with the City of Seattle Municipal Code.

Signature: _____ Date of Application: _____

Contractor or Owner (or Authorized Agent)

PAYMENT & MAILING INSTRUCTIONS:

- ☐ Pay by Check Mail checks to: DPD, P.O. Box 34234, Seattle, WA 98124-1234
☐ Charge my escrow (ADA) account # _____
☐ Call me at (____) _____ for a credit card number
☐ Mail Permit ☐ Mail & Fax Permit ☐ Hold Permit for Pick-Up
☐ Mail & Email Permit Email Address: _____

DPD USE ONLY:

Permit #: _____

Permit Fee: _____